Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).				Complete if Known				
		. <i></i> -		Application Nur	nber 10/531,2	09	Conf. No.: 7854	
FEE TRANSMITTAL			Filing Date	April 14,	2005			
l Fo	or FY 2	009	- [	First Named Inv	ventor Koji SAT	)		
			Examiner Name	D.K. CAC	)			
Applicant claims small entity status. See 37 CFR 1.27				Art Unit	2194			
TOTAL AMOUNT OF PAYMENT (\$) 130.00				Attorney Docke	t No. 0033-100	0PUS1		
METHOD OF PAYMENT (check all that apply)								
			Non	e Other (	olease identify):			
Deposit Account Deposit Account Number: 02-2448 Deposit Account Name:								
For the above-ide	ntified deposit	account, the Direct	or is her	eby authorized to	(check all that a	pply)		
✓ Charge fee	(s) indicated b	elow		Charg	e fee(s) indicated	below, exce	pt for the filing fee	
Charge any additional fee(s) or underpayments of fee(s)								
Under 37 CFR 1.16 and 1.17  WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card								
Information and authorization			. cara zn	onination onedia n	ot 50 modulos on t			
FEE CALCULATION								
1. BASIC FILING, SEARCH, AND EXAMINATION FEES								
	FILING	FEES Small Entity	SEAR	CH FEES Small Entity	EXAMINATIO Smal	N FEES I Entity		
Application Type	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)		e (\$)	Fees Pald (\$)	
Utility	330	165	540	270	220 1	10	-	
Design	220	110	100	50	140	70		
Plant	220	110	330	165	170	85		
Reissue	330	165	540	270	650 3:	25		
Provisional	220	110	0	0	0	0		
2. EXCESS CLAIM FEES Small Entity Fee Description Fee (\$) Fee (\$)								
Fee Description Each claim over 20 (including Reissues)						52	Fee (\$) 26	
Each independent claim over 3 (including Reissues)						220	110	
Multiple dependent		(meraumg reesou	,			390	195	
Total Claims					A	Multiple Dependent Claims		
20 or HP =		_ x	=(	0.00		Fee (\$)	Fee Paid (\$)	
HP = highest number of to Indep. Claims	tal claims paid fo Extra Clair		Foo	Paid (\$)				
4 - 3 or HP =	0	_ x	= (	0.00				
HP = highest number of inc		s paid for, if greater th	an 3.					
<ol> <li>APPLICATION SIZE If the specification ar</li> </ol>	FEE d drawings	exceed 100 sheet	s of nan	er (evcluding e	lectronically fil	ed seguenc	e or computer	
listings under 37								
sheets or fraction	thereof. See	35 U.S.C. 41(a)	(1)(G) a	and 37 CFR 1.1	6(s).			
<u>Total Sheets</u> - 100 =	Extra She	ets <u>Numbe</u> /50 =			r fraction thereo whole number) x		Fee Paid (\$) = 0.00	
		/50 =	U	(round up to a v	vnoie number) x			
4. OTHER FEE(S)  Non-English Specification, \$130 fee (no small entity discount)								
Other (e.g., late filing surcharge): 1251 Extension for response within first month 130.00								
SUBMITTED BY	Me,	MA	1.	Posistration N-		I		
Signature	W 1/4		16	Registration No. 5 Attorney/Agent)	2327	relephone	703-205-8000	
lame (Print/Type) Catherine M. Voisinet						Date April 30, 2010		

This collection of information is required by 3T CFR 1.196. The information is required to obtain or retain a benefit by the public which is to fixed by the USFTO to process pan application. Confidentially is governed by \$5 U.S.C. 122 and 37 CFR 1.14. This conceivant is entired to the 80 minutes to complete, including pathering, preparing, and submitting the completed application from to the USFTO. This well very depending upon the individual case. Any comments are submitted to the submitted of the submitted to the submitted of the USFTO. This well very depending upon the individual case. Any comments are submitted to the submitted of the USFTO. This well very depending upon the individual case. Any comments are required to the USFTO. This well very depending upon the individual case. Any comments are required to the USFTO. This well were presented to the individual case. Any comments are required to the USFTO. This well were upon the individual case. Any comments are required to the USFTO. This well were the individual case. Any comments are required to the individual case. Any